



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 5, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Stop N Shop, 5640 South 16<sup>th</sup> Street requesting a class D liquor license.

This location was previously known as Fast Break which held a class D liquor license

Jason Laessig, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager/owner of several liquor licenses.

Mr. Laessig completed the required training on May 14<sup>th</sup> 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

45 days = 11/16/09

RECEIVED

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

		Application Fee
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input checked="" type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

### MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering license (K) expires same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☒ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Jason Laessig Phone number: 613-7960

Firm Name \_\_\_\_\_

## PREMISE INFORMATION

Trade Name (doing business as) Stop 'N Shop #7

Street Address #1 5640 South 16th St.

Street Address #2 \_\_\_\_\_

City Lincoln County NE Zip Code 68512

Premise Telephone number 402-420-2252

Is this location inside the city/village corporate limits: ☒ YES

☐ NO

Mail address (where you want receipt of mail from the commission)

Name Stop 'N Shop #7

RECEIVED

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Street Address #1 PO Box 5546

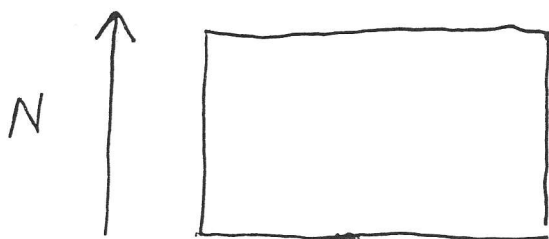
Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68505

## DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms



Front

Single Story  
50 x 50

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Various traffic violations(speeding) since receiving drivers license. Dates and exact locations unknown

RECEIVED

SEP 30 2009

### 2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

NEBRASKA LIQUOR  
CONTROL COMMISSION

If yes, give name of business and license number Fast Break-Old Chaney 62354 Fast Break Inc.

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender City Bank & Trust; 2929 Pine Lake Rd.; Lincoln, NE 68516

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner. Walk In Coolers, Gas Pumps, Registers, Cooking Equip, Gas Canopy, Shelving,

Safe, Security Equip, Tables, Car Wash Equip, Pop Machines, Coffee Machines, Office Equip

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

**No silent partners**



8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

RECEIVED

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

City Bank & Trust (South Point) 2929 Pine Lake Rd.; Lincoln, NE 68516 (Jason Laessig)

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Stop 'N Shop Inc. (Weeping Water 76139)(Crete 82133)(Lincoln 84841, 84843, 84844)

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

Name:	Date:	Where:
Jason Laessig	1996-1999	Quik Trip; Kansas City, MO
Jason Laessig	2007-2009	Stop 'N Shop; Crete/Lincoln/Weeping Water, NE

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date October 1st 2014

☐ Deed

☐ Purchase Agreement

14. When do you intend to open for business? October 1st 2009

15. What will be the main nature of business? Convenience Store

16. What are the anticipated hours of operation? 5am-11pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Kansas City, MO	1996	2001	Kansas City, MO	1999	2001
Sun Prairie, WI	2001	2003	Sun Prairie, WI	2001	2003
Omaha, NE	2003	2004	Omaha, NE	2003	2004
Aurora, CO	2004	2005	Aurora, CO	2004	2005

Darien, CT

2006 2006

Darien, CT

2006 2006

Lincoln, NE

2006 Present

Lincoln, NE

2006 Present

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kin and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, member and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

 _____ Signature of Applicant	 _____ Signature of Spouse
_____ Signature of Applicant	_____ Signature of Spouse
_____ Signature of Applicant	_____ Signature of Spouse
_____ Signature of Applicant	_____ Signature of Spouse
_____ Signature of Applicant	_____ Signature of Spouse

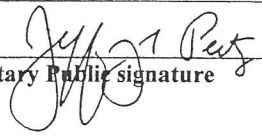
**RECEIVED**  
SEP 30 2009  
NEBRASKA LIQUOR  
CONTROL COMMISSION

State of Nebraska

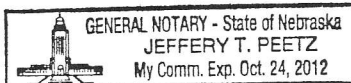
County of LANCASTER

The foregoing instrument was acknowledged before me this 29TH SEPTEMBER by 2009

JASON LAESSIG

  
Notary Public signature


Affix Seal Here



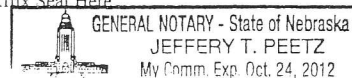
County of LANCASTER

The foregoing instrument was acknowledged before me this 29TH SEPTEMBER by 2009

MICHELLE LAESSIG

  
Notary Public signature

Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

**Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)**

Name of Registered Agent: Craig Hoffman

**Name of Corporation that will hold license as listed on the Articles**

Stop 'N Shop Inc.

Corporation Address: 5440 Valley Rd.

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402-613-7960 Fax Number 402-261-8457

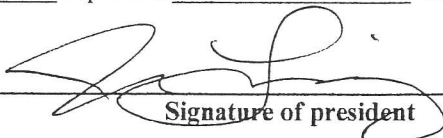
Total Number of Corporation Shares Issued: 100

**Name and notarized signature of president (Information of president must be listed on following page)**

Last Name: Laessig First Name: Jason MI: K

Home Address: 5440 Valley Rd. City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402-261-8457

  
Signature of president

State of Nebraska


County of LANCASTER

The foregoing instrument was acknowledged before me this

9/29/09  
date

by JASON LAESSIG

name of person acknowledged

  
Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska  
JEFFERY T. PEETZ  
My Comm. Exp. Oct. 24, 2012

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Laessig First Name: Jason MI: K

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: CEO/President Number of Shares 100

Spouse Full Name (indicate N/A if single): Michelle Leigh Laessig

Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

RECEIVED

SEP 30 2009

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

RECEIVED

SEP 30 2009

If yes, provide the name of corporation and supply an organizational chart

NEBRASKA LIQUOR  
CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

REVISED 5/2007

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/Limited Liability Corporation (LLC) information**

Name of Corporation/LLC: Stop 'N Shop Inc.

**Premise information**

Premise License Number:

(if new application leave blank)

Premise Trade Name/DBA:

Stop 'N Shop #7

Premise Street Address:

5640 S. 16th St.

City:

Lincoln


Zip Code:

68512

Premise Phone Number:

402-420-2252

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b  
must sign their name below.

  
CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

SEP 30 2009

Gender: ☒ MALE ☐ FEMALE

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Laessig First Name: Jason MI: K

Home Address (include PO Box if applicable): 5440 Valley Rd.

City: Lincoln State: NE Zip Code: 68510

Home Phone Number: 402-261-8457 Business Phone Number: 402-613-7960

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Lyons, KS

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Laessig First Name: Michelle MI: L

Social Security Number: Drivers License Number & State: NE

Date Of Birth: Place Of Birth: Columbus, NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Kansas City, MO	1996	2001	Kansas City, MO	1996	2001
Sun Prairie, WI	2001	2003	Sun Prairie, WI	2001	2003
Omaha, NE	2003	2004	Omaha, NE	2003	2004
Aurora, CO	2004	2005	Aurora, CO	2004	2005

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2/1999	3/2006	Pfizer, Inc.	Michelle Gile	303-333-7997
4/2007	Current	Stop' N Shop, Inc.	Self Employed	402-613-7960

Form 300-1  
Darien CT  
Lincoln NE

2006 2006  
2006 Present

Darien CT  
Lincoln NE

2006 2006 2  
2006 Present

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO If yes, please explain below or attach a separate page.

Various traffic violations (speeding) since receiving drivers license. Dates and locations unknown.

RECEIVED

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☒ YES

☐ NO

Stop 'N Shop Inc

# 76139 + #82133 + #584844, 84843, 84841

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

~~XXXXXXXXXX~~

5. Do you have any experience in selling alcohol in the State of Nebraska?  
If so list training and/or experience (when and where)

Date:	Where:
2007-2009	Stop 'N Shop Inc. (Crete & Weeping Water) Lincoln, NE



**PERSONAL OATH AND CONSENT OF INVESTIGATION**

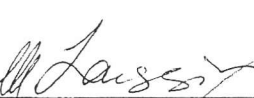
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

RECEIVED

  
Signature of Spouse

SEP 30 2009

State of Nebraska

County of LANCASTER

NEBRASKA LIQUOR  
CONTROL COMMISSION

County of LANCASTER

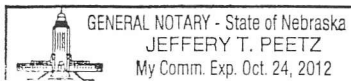
The foregoing instrument was acknowledged before  
me this SEPTEMBER 29, 2009 by JASON  
LAESSIG

The foregoing instrument was acknowledged before  
me this SEPTEMBER 29, 2009 by MICHELLE  
LAESSIG

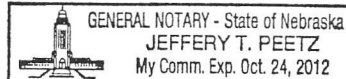
  
Notary Public signature

  
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.  
A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

MAR 23 1973

(Do Not Write In This Box)

80E

KANSAS STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics

115-

73

01

## CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER			BIRTH NUMBER		
CHILD—NAME 1. Jason Keith Laessig			DATE OF BIRTH (MONTH, DAY, YEAR) 2a. 11/7/73		HOUR 2b. 6:04 P.M.
SEX 3. Male	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 4b. -----	COUNTY OF BIRTH 5a. Rice		
CITY, TOWN, OR LOCATION OF BIRTH 5b. Lyons		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 5d. Hospital Dist. No. 1 Of Rice County		
MOTHER—MAIDEN NAME 6a. Debra Ann Huffman		AGE (AT TIME OF THIS BIRTH) 6b. 22	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 6c. Kansas		
RESIDENCE—STATE 7a. Kansas	COUNTY 7b. Rice	CITY, TOWN, OR LOCATION 7c. Chase	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Yes	STREET AND NUMBER 7e. ---	
FATHER—NAME 8a. Harold Kay Laessig		AGE (AT TIME OF THIS BIRTH) 8b. 24	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c. Kansas		
PARENT'S VERIFICATION: I hereby certify that the information in items 1 thru 9 and 12 thru 17 is correct to the best of my knowledge.					DATE SIGNED: 9b. 02/23/73
9a. SIGNATURE: <i>X Lyons Kay Laessig</i>					
MOTHER'S MAILING ADDRESS: (Street or R.F.D. No., City or Town, State, Zip No.) 9c. Chase, Kansas 67524					
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 10b. 3-16-73		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 10c. M.D.
10a. SIGNATURE CERTIFIER—NAME (TYPE OR PRINT) J.T. Grimes, M.D.			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10d. 510 E. Ave. S. Lyons, Kansas 67554		
REGISTRAR—SIGNATURE 11a. <i>Eddie O'Connell</i>					DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 11b. 3 16 1973

RECEIVED

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

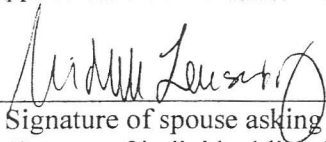
**RECEIVED**

Print Form

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.



Signature of spouse asking for waiver  
(Spouse of individual listed below)



Printed name of spouse asking for waiver

State of NEBRASKA


County of LANCASTER

The foregoing instrument was acknowledged before me this

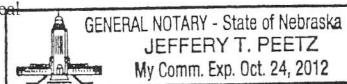
9/29/09  
date

by MICHELLE LAESSIG

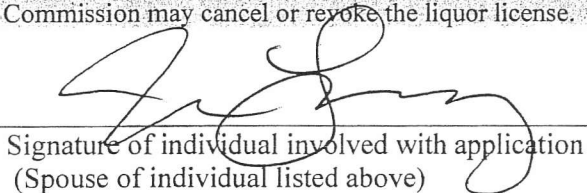
name of person acknowledged

  
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

  
Signature of individual involved with application  
(Spouse of individual listed above)



Printed name of applying individual

State of NEBRASKA


County of LANCASTER

The foregoing instrument was acknowledged before me this

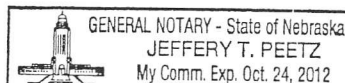
9/29/09  
date

by JASON LAESSIG

name of person acknowledged

  
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**APPLICATION FOR TEMPORARY  
AGENCY AGREEMENT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

- This application may be submitted along with a completed application for liquor license
- Must include a copy of the signature card from the financial institution where account has been set up
- Agreement is effective upon processing of the application and the three digit number has been issued to applicant
- Agreement is effective up to 120 days from issuance of ID number

ID# \_\_\_\_\_

On (date) 9/29/09 seller and buyer entered into a contract for sale of the business known as Fast Break - Old Cheney, which contract is contingent upon buyer receiving approval for a liquor license to operate the business.

Seller and buyer agree to allow buyer to operate the business, subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 120 days subsequent to 9/29/09, the date of filing the application with NLCC.

Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;

Buyer will at all times be the agent of the seller, but buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when buyer is acting as seller's agent; it is specifically understood that seller shall have no liability for the operation of the business during this period of time, and buyer agrees to indemnify and hold seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the seller and seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as seller's license is canceled;

At time of closing, certain funds will be held in escrow pending issuance of the license.

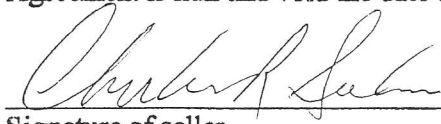
Name of financial institution (Name, address, account number) of where escrow account is being held (SEND COPY OF SIGNATURE CARD) \_\_\_\_\_

**OVER**

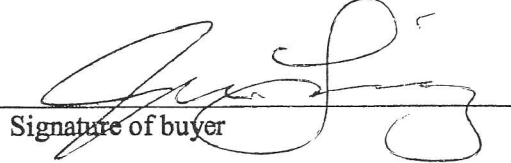
All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the buyer shall receive no profits from the operation of the business until the liquor license has been issued to buyer, but shall have the right to direct the investment of profit funds by escrow agent.

This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.

It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.



Signature of seller



Signature of buyer

RECEIVED

State of Nebraska

SEP 30 2009

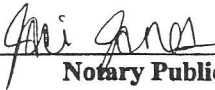
State of Nebraska

County of Lancaster

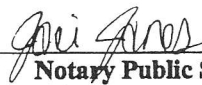
County of Lancaster

The forgoing instrument was acknowledge before  
me this 9/29/09  
Date

The forgoing instrument was acknowledge before  
me this 9/29/09  
Date

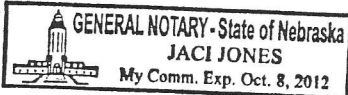


Notary Public Signature

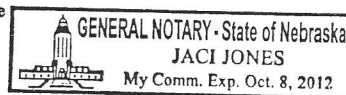


Notary Public Signature

Affix Seal Here



Affix Seal Here



City Bank & Trust Co.  
1135 Main Street  
Crete, NE 68333-0288

**OWNERSHIP OF ACCOUNT - PERSONAL (Select One and Initial):**

- ☐ Single-Party Account ☐ Trust-Separate Agreement  
☐ Multiple-Party Account  
☐ Other

**RIGHTS AT DEATH (Select One And Initial):**

- ☐ Single-Party Account  
☐ Multiple-Party Account With Right of Survivorship  
☐ Multiple-Party Account Without Right of Survivorship  
☐ Single-Party Account With Pay On Death  
☐ Multiple-Party Account With Right of Survivorship and Pay On Death

PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:

Jason - Est. Cust.

Part 1

**OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE**

- ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP  
☒ CORPORATION: ☒ FOR PROFIT ☐ NOT FOR PROFIT  
☐ LIMITED LIABILITY COMPANY

BUSINESS:

COUNTY & STATE  
OF ORGANIZATION:

AUTHORIZATION DATED:

DATE OPENED 03/26/09 BYKS

INITIAL DEPOSIT \$ 200.00

☐ CASH ☐ CHECK ☒

HOME TELEPHONE #

BUSINESS PHONE # (402) 613-7960

DRIVER'S LICENSE #

E-MAIL

EMPLOYER

MOTHER'S MAIDEN NAME

Name and address of someone who will always know your location:

**BACKUP WITHHOLDING CERTIFICATIONS**

TIN:

☒ **TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☐ **BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

**SIGNATURE:** I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

 (Date)

ACCOUNT  
NUMBER

RECEIVED

ACCOUNT OWNER(S) NAME & ADDRESS

STOP 'N SHOP, INC.  
5440 VALLEY ROAD  
LINCOLN, NE 68510

SEP 30 2009

NEBRASKA LIQUOR  
CONTROL COMMISSION

PO Box 5540  
Lincoln 68505

TYPE OF  
ACCOUNT

☒ NEW

☐ EXISTING

☒ CHECKING

☐ SAVINGS

☐ MONEY MARKET

☐ CERTIFICATE OF DEPOSIT

☐ NOW

Account Name: Basic Business Checking

☐ This is a Temporary account agreement.

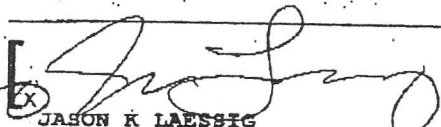
Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

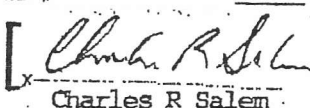
[X]

**SIGNATURE(S)** - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- ☒ Deposit Account ☐ Funds Availability ☐ Truth in Savings  
☒ Electronic Fund Transfers ☒ Privacy ☐ Substitute Checks

(1): [X]   
JASON K LAESSIG

I.D. # \_\_\_\_\_ D.O.B. 0

(2): [X]   
Charles R Salem

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(3): [X]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

(4): [X]

I.D. # \_\_\_\_\_ D.O.B. \_\_\_\_\_

**AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional):** To Add Agency Designation To Account, Name One or More Agents:

(Select One and Initial):

☐ Agency Designation Survives Disability or Incapacity of Parties

☐ Agency Designation Terminates on Disability or Incapacity of Parties

SEE ADDENDUM (page 1 of 2)